

**WISCONSIN UNIFORM PLACEMENT CRITERIA (UPC)
TRAINING REGISTRATION FORM**

I am registering for WI-UPC training on:

First Choice Training Date: _____ Second Choice Training Date: _____
(You will receive notification by postcard of your training date, location and directions.)

I am requesting registration as: (check one *see registration descriptions below.)

☐ Individual (\$55.00) ☐ Agency Program Package (\$140.00)

Name: _____ Professional Career Title: _____

Are you a Clinical Supervisor? If so, what is your certification status?

(check one) Grandpersoned CCS _____ CCS _____ CCS Exempt _____

Agency: _____ Agency Service Annual Certification Date: _____

Mailing Address: _____ City/State/Zip _____

Business Phone: _____ Fax # _____ E-mail Address: _____

I am paying by: Check _____ Purchase Order Number: _____

I understand registration is limited to 30 individuals and that priority will be given to individuals representing their agencies whose re-certification dates are earliest. The registration deadline is two weeks before the start of training. WI –UPC Training Events will be cancelled if registrations do not exceed 15 participants.

Signature: _____

Date: _____

***WI-UPC One Day Training Packages**

Two training packages are available:

1. Individual Registration - Fee: \$ 55

Registration fee includes:

- A training certificate documenting 6 hours of WI-UPC training, 1 WI UPC 2000 Series Manual, 1 WI-UPC Workbook and 1 Poster.
- Attendance at this event will automatically include your name as a future contact for a WI-Uniform Placement Criteria Evaluation follow-up process.

2. Agency Registration - Fee: \$140

Prerequisites for attendance as an agency representative include:

Either:

- Agency Manager or Director or Agency Clinical Supervisor
- And: Preferably completion of WI-UPC 6-hour training.

Agency Representative Responsibilities:

- Attendance at this event will automatically include the agency representative's name as the future contact for WI-Uniform Placement Criteria Evaluation follow-up process.
- The agency representative agrees to train their agency colleagues in the use of WI-UPC following the WI-UPC training guideline procedures and submit the in house training registrations and evaluations to the Bureau of Substance Abuse Services.

Registration fee includes:

The representative will receive: 1 WI-UPC Introduction Training Tape, 1 WI-UPC 2000 Series Training Guide, 10 WI-UPC 2000 Series Manuals, 10 UPC 2000 Series Workbooks, and 10 WI-UPC Posters.

For information regarding WI-UPC training/opportunities please call or write to:

Susan Endres, Training Resource Coordinator
Bureau of Mental Health & Substance Abuse Services
1 West Wilson Street - P.O. Box 7851
Madison, WI 53707-7851

E-mail Address: endres1@dhfs.state.wi.us

Phone Number: 608-266-2476 Fax Number: 608-266-1533

BMHSAS USE ONLY

Date Rec'd _____

Date Confirmed _____

Payment Rec'd _____